THE BOARD OF PENSIONS
OF THE PRESBYTERIAN CHURCH (U.S.A.)

Retiree Medical Grant Application

Prequalification
Before you incur an expense, you may request that the Board predetermine if you qualify. Submit this application with a copy of the itemized, estimated costs. If preapproved, submit your receipt(s) after you receive the itemized services and the Board will reimburse you the allowed amount.

Applicant information

Name		Last 4 digits of SSN
Address		Date of Birth
City	State	ZIP
Phone	Email	

Demographic information *(optional)*

By sharing the information below, you'll help us determine who is accessing the benefits, assistance, and education the Board of Pensions provides members of the Benefits Plan of the Presbyterian Church (U.S.A.). Visit pensions.org/privacy-policy to learn more about how we ensure your privacy.

Ethnicity *(check one)* ☐ Hispanic or Latinx ☐ Not Hispanic or Latinx ☐ Prefer not to answer

Race *(check one)* ☐ White ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Asian ☐ American Indian or Alaska Native ☐ Two or more races ☐ Prefer not to answer

Gender identity *(check one)* ☐ Man ☐ Woman ☐ Nonbinary ☐ Self-described _____ ☐ Prefer not to answer

Type of service

(check one or both as applicable)

☐ Dental

☐ Hearing aids

Employment history with PC(USA) *(spouses and surviving spouses use member's employment history)*

Only complete if you have fewer than 15 years in the Defined Benefit Pension Plan.

Employer	Years served
Employer	Years served
Employer	Years served
Employer	Years served
Employer	Years served

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-PRESPLAN (800-773-7752) (TTY: 711).

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Grant eligibility

To be eligible for this grant, you must be 65 or older and have an adjusted gross income that is less than $85,320 in 2026. Please visit pensions.org for additional eligibility criteria.

☐ I participated in the Medicare Supplement Plan* through the Board of Pensions and/or I am enrolled in the Humana Group Medicare Advantage PPO plan through the Board of Pensions.

☐ I AM NOT enrolled in the Humana Group Medicare Advantage PPO plan, but I am enrolled in Medicare Parts A & B and in a Medicare supplement (Medigap) plan OR another Medicare Advantage plan.

*Coverage available until Dec. 31, 2023, only.

Required documentation

Applications will not be processed without the following information attached.

1. A copy of your most recently filed federal income tax Form 1040.
   — If you do not file a return because your income is below the IRS minimum, you may attach a wage statement.
2. A copy of the receipt(s) for services rendered that includes the total amount to be considered for reimbursement through the grant; OR, if you are applying for prequalification, a copy of the itemized estimated costs. *(All receipts for services rendered and/or estimated costs must be dated within the last three (3) years).*

IF YOU ARE NOT ENROLLED in the Humana Group Medicare Advantage PPO plan, you must also submit

1. a copy of your Medicare Parts A & B cards, as well as proof you are enrolled in a different Medicare Advantage plan or Medicare supplement (Medigap) plan; and
2. a copy of the explanation of benefits for services rendered, if available.

Applicant authorization

I confirm that the information provided in this application is true, correct, and complete to the best of my knowledge. I understand that if I am approved for this grant, I will not be eligible for another Retiree Medical Grant for three years.

Applicant's signature **Date** *(mm/dd/yyyy)*

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